

July 2014



Municipality of Anchorage

3000 Arctic Blvd • Anchorage, Alaska 99503-3898 • Telephone (907) 564-2799 • Fax (907) 786-5681
<http://www.muni.org> • <http://www.awwu.biz>



Mayor Dan Sullivan

Anchorage Water & Wastewater Utility

Board Chair Tim Sullivan

August 8, 2014

Director, Office of Water
U.S. Environmental Protection Agency, Region 10
NPDES Compliance Unit
1200 Sixth Avenue, OW-133
Seattle, Washington 98101

Subject: Whole Effluent Toxicity Testing Results
2nd Quarter 2014
NPDES Permit No. AK-002255-1

The John M. Asplund Water Pollution Control Facility permit requires that quarterly whole effluent toxicity (WET) testing reports be submitted with the discharge monitoring report (DMR) for the month following the test month. The enclosed report outlines test results for the short-term chronic toxicity test conducted for the second quarter of 2014 (24-hour composite sample collected June 11th, 2014). Effluent flow on the sampling day for this WET test sample was 27.48 MGD.

The permit requires that testing continue with the most sensitive species after an annual screening using three species. This quarter's test used the most sensitive species as demonstrated by the screening of all three species in first quarter 2014. The WET testing consisted of a fertilization test using the purple sea urchin (*Strongylocentrotus purpuratus*). The permit toxicity trigger of 143TUc was not exceeded in this test with a reported chronic toxicity of 35.7 TUc.

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

I can be contacted at (907) 564-2799 or <mailto:David.Persinger@awwu.biz> should you have any questions.

Sincerely,

David Persinger, P.E.
Director, Treatment Division - AWWU

Cc: Alaska Department of Environmental Conservation, Division of Water
Rob Gustafson, Water Quality Supervisor, AWWU
Jeff Axman, Acting Superintendent, John M. Asplund WPCF, AWWU

Enclosure: Pacific EcoRisk, WET test report

Community, Security, Prosperity

PERMITTEE NAME/ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NAME: ANCHORAGE, MUNICIPALITY OF
 ADDRESS: 3000 ARCTIC BLVD.
 ANCHORAGE, AK 99503-3898

AK0022551
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

Form Approved.
 OMB No. 2040-0004

99503

FACILITY: JOHN M. ASPLUND WWTF----301 (H

LOCATION: ANCHORAGE AK 99502

ATTN: J. Brett Jokela, P.E., GENERAL MGR. AWWU FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
14	07	01	TO	14	07	31

before completing this form

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	15.5	Deg C	N/A	FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM			FOUR/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	16.6	Deg C	N/A	FOUR/ WEEK	GRAB
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM			FOUR/ WEEK	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	0.7	*****	*****	MG/L	0	FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MO MIN	*****	*****			FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	SAMPLE MEASUREMENT	35,980	42,025	LBS/DAY	*****	162	190	MG/L	0	FOUR/ WEEK	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	72100 MO AVG	90100 DAILY MX		*****	240 MO AVG	300 DAILY MX			FOUR/ WEEK	COMP24
BOD, 5-DAY (20 DEG. C) 00310 G 0 0	SAMPLE MEASUREMENT	64,171	*****	LBS/DAY	*****	>301	*****	MG/L	0	FOUR/ WEEK	COMP24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	*****		*****	REPORT MO AVG	*****			FOUR/ WEEK	COMP24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0	SAMPLE MEASUREMENT	*****	37,341	LBS/DAY	*****	*****	170	MG/L	0	FOUR/ WEEK	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	75100 WKLY AVG		*****	*****	250 WKLY AVG			FOUR/ WEEK	COMP24
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	7.3	SU	0	FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM			FOUR/ WEEK	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Persinger, P.E.
 Director, Treatment Division
 TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

907
 AREA
 CODE

564-2799
 NUMBER

14
 YEAR

08
 MONTH

07
 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The final effluent autosampler is normally taken off line on Saturdays, Mondays, and Wednesdays for line cleaning and pigging for approximately 0.75 hours each time; the composite samples for BODs TSS, etc. may therefore be slightly less than a 24HC on these days.

PERMITTEE NAME/ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.

OMB No. 2040-0004

NAME: ANCHORAGE, MUNICIPALITY OF
 ADDRESS: 3000 ARCTIC BLVD.
 ANCHORAGE, AK 99503-3898

AK0022551

001 A

PERMIT NUMBER

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99503

MAJOR
 (SUBR02)

External Outfall

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form

FACILITY: JOHN M. ASPLUND WWTF---301 (H)

LOCATION: ANCHORAGE AK 99502

ATTN: J. Brett Jokela, P.E., GENERAL MGR. AWWU FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	07	01		14	07	31

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	****	7.0	*****	7.6	N/A	FOUR/ WEEK	GRAB
00400 G 0 0	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM		FOUR/ WEEK	GRAB
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	13,368	16,453	LBS/DAY	*****	60	72	0	FOUR/ WEEK	COMP24
00530 1 0 0	PERMIT REQUIREMENT	51000	57000		*****	170	190		FOUR/ WEEK	COMP24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	67,726	*****	LBS/DAY	*****	313	*****	0	FOUR/ WEEK	COMP24
00530 G 0 0	PERMIT REQUIREMENT	REPORT MO AVG	*****		*****	REPORT MO AVG	*****		FOUR/ WEEK	COMP24
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	13,693	LBS/DAY	*****	*****	63	0	FOUR/ WEEK	COMP24
00530 W 0 0	PERMIT REQUIREMENT	*****	54000		*****	*****	180		FOUR/ WEEK	COMP24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	22.4	*****	N/A	ONCE/ MONTH	COMP24
NITROGEN, AMMONIA	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****		ONCE/ MONTH	COMP24
TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	****	*****	<5	*****	0	THREE/ WEEK	GRAB
00610 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	850	*****		THREE/ WEEK	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	27.235	*****	MGD	*****	*****	*****	N/A	CONT	RCORDR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT MO AVG	*****		*****	*****	*****		CONT	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	REPORT MO AVG	*****		*****	*****	*****			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT MO AVG	*****		*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Persinger, P.E.

Director, Treatment Division

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

907

564-2799

14

08

07

AREA

NUMBER

YEAR

MONTH

DAY

CODE

COMMENT AND EXPANATION OF ANY VIOLATIONS (Reference all attachments here)

There was 1 Sanitary Sewer Overflows(SSO) during this reporting period. The SSO(s) were reported verbally within 24 hours to the appropriate regulatory officials. See attached copies of SSO reporting forms for more details regarding each specific SSO.

PERMITTEE NAME/ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved.

OMB No. 2040-0004

NAME: ANCHORAGE, MUNICIPALITY OF
 ADDRESS: 3000 ARCTIC BLVD.
 ANCHORAGE, AK 99503-3998

AK0022551

PERMIT NUMBER

001 A

DISCHARGE NUMBER

DMR MAILING ZIP CODE: 99503

MAJOR

(SUBR02)

External Outfall

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form

FACILITY: JOHN M. ASPLUND WWTF---301 (H)

LOCATION: ANCHORAGE AK 99502

ATTN: J. Brett Jokela, P.E., GENERAL MGR. AWWU

FROM

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
14	07	01	TO	14	07	31

PARAMETER		QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.6	MG/L	0	EVERY 3 HRS	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.2 DAILY MX				
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	46	*****	*****	%	N/A	Monthly	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****				
SOLIDS, SUSPENDED REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	81	*****	*****	%	N/A	Monthly	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

David Persinger, P.E.

Director, Treatment Division

TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.


 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

907
AREA
CODE564-2799
NUMBER14
YEAR08
MONTH07
DAY

COMMENT AND EXPANATION OF ANY VIOLATIONS (Reference all attachments here)

Gary Lawley
Kinnetic Laboratories, Inc.
1102 West 7th Avenue
Anchorage, AK 99501

July 11, 2014

Gary,

I have enclosed our report "NPDES Compliance Toxicity Testing of the City of Anchorage John M. Asplund Water Pollution Control Facility Effluent". This evaluation consisted of performing the US EPA echinoderm sperm fertilization short-term chronic toxicity test with the purple urchin, *Strongylocentrotus purpuratus*, using an effluent sample collected June 11, 2014. A summary of the results of this testing follows:

Chronic Effects of Anchorage Effluent on Purple Urchin Sperm Fertilization

There were no significant reductions in echinoderm sperm fertilization at the effluent concentrations tested; the NOEC was 2.8% effluent, resulting in 35.7 TUC.

If you have any questions regarding the performance and interpretation of this test, please contact my colleagues Dr. Scott Ogle or Alison Briden at (707) 207-7760.

Sincerely,

Stevi Vasquez
2014.07.14
09:46:53 -08'00'

Stevi Vasquez
Aquatic Ecotoxicologist



Pacific EcoRisk is accredited in accordance with NELAP (ORELAP ID 4043). Pacific EcoRisk certifies that the test results reported herein conform to the most current NELAP requirements for parameters for which accreditation is required and available. Any exceptions to NELAP requirements are noted, where applicable, in the body of the report. This report shall not be reproduced, except in full, without the written consent of Pacific EcoRisk. This testing was performed under Lab Order 22580.

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Tracking Number: 7011350000190248757

Expected Delivery Day: Friday, August 8, 2014

Product & Tracking Information

Postal Product:
First-Class Mail®Features:
Certified Mail™

Return Receipt

DATE & TIME	STATUS OF ITEM	LOCATION
August 8, 2014, 11:03 am	Delivered	ANCHORAGE, AK 99
Your item was accepted at 11:03 am on August 8, 2014 in ANCHORAGE, AK 99501		
August 8, 2014, 2:04 am	Departed USPS Facility	ANCHORAGE, AK 99
August 7, 2014, 9:31 pm	Arrived at USPS Facility	ANCHORAGE, AK 99
August 7, 2014, 6:19 pm	Departed Post Office	ANCHORAGE, AK 99
August 7, 2014, 3:34 pm	Acceptance	ANCHORAGE, AK 99

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Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Asp 7-14 DMR

Sent to
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

**Ak Dept of Environmental Conservation
 Attn: Sherry Holm
 Division of Water
 555 Cordova Street
 Anchorage, AK 99501**

PS Form 3800, August 2006 See Reverse for instructions

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Ak Dept of Environmental Conservation
 Attn: Sherry Holm
 Division of Water
 555 Cordova Street
 Anchorage, AK 99501**

Asp 7-14 DMR2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature X <i>[Signature]</i>		<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) E. B. Holm	C. Date of Delivery 8-8-14	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

7011 3500 0001 9024 8757

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Tracking Number 70113500000190248788

Expected Delivery Day: Monday, August 11, 2014

Product & Tracking Information

Postal Product:
First-Class Mail®Features:
Certified Mail™

Return Receipt

DATE & TIME	STATUS OF ITEM	LOCATION
August 11, 2014, 3:09 pm	Delivered	SEATTLE, WA 9810
Your item was delivered at 3:09 pm on August 11, 2014 in SEATTLE, WA 98101.		
August 9, 2014, 8:57 am	Business Closed	SEATTLE, WA 9810
August 9, 2014, 8:39 am	Arrived at Unit	SEATTLE, WA 9810
August 9, 2014, 7:19 am	Departed USPS Facility	SEATTLE, WA 9810
August 8, 2014, 8:11 pm	Arrived at USPS Facility	SEATTLE, WA 9810
August 8, 2014, 1:05 am	Departed USPS Facility	ANCHORAGE, AK 9
August 7, 2014, 9:34 pm	Arrived at USPS Facility	ANCHORAGE, AK 9
August 7, 2014, 6:19 pm	Departed Post Office	ANCHORAGE, AK 9
August 7, 2014, 3:31 pm	Acceptance	ANCHORAGE, AK 9

7011 3500 0001 9024 8788

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(Endorsement Required)

Total Postage & Fees \$

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or PO Box No.
City, State, ZIP+4U.S. EPA, Region 10
Attn: OCE-133
1200 Sixth Avenue, Suite 900
Seattle, WA 98101Postmark
Here

PS Form 3800, August 2006

See Reverse for Instructions

Track Another Package

What's your tracking (or receipt) number?

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. EPA, Region 10
Attn: OCE-133
1200 Sixth Avenue, Suite 900
Seattle, WA 98101

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:☐ Yes☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

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